FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G74497

DINA R. CHUNG M.D., P.A.

2. Principal Place of Business

CHUNG, DINA R. M.D.

6930 TULIPAN CT. CORAL GABLES FL 33143

Suite, Apt. #, etc.

City & State

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Principal Place of Business	Mailing Address
6930 TULIPAN CT.	6990 TULIPAN CT.

Country

9. Name and Address of Current Registered Agent

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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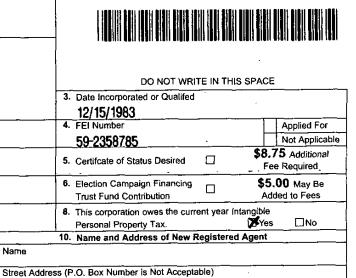
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Zip

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90006 047 ***150.00



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

81 Name

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84 City

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SIGNATURE Signature, typed or gented name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AND DIRECTORS DELETE		Change Addition		
TITLE	_	1,1 TITLE	Contrago Contrago		
NAME	CHUNG, DINA R	1.2 NAME			
STREET ADDRESS	1311 97TH ST .	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	<u> </u>		
TITLE	DELETE	2.1 TITLE	· Change Addition		
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP "	<u>and the second of the second </u>	2:4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADORESS			
CITY-ST-ZIP	·	3.4. CITY-ST-ZIP			
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME	· /	4. 2 NAME			
STREET ADDRESS	Ł	4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS	,		
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADORESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			
14. I because certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information					

Indicated on this annual report or supplied with this limits does not quality for the exemption stated in Section 1.19.07(3)(f), Florida Statutes. Indicated that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an appears, with all other like empowered.

SIGNATURE: X

Daytime Phone #

Zip Code

85